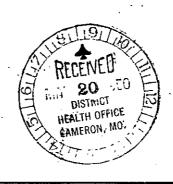
No. 300	FILED MAR 25 19	50 STANDARD CERTIF	ALTH OF MISSOURI	State File No.	9776
	BIRTH NO	REG. DIST. NO. 251	PRIMARY REG. DIST. NO.	Registrar's No	6/
747	1. PLACE OF DEATH a. COUNTY NOCHOWRY	•	2. USUAL RESIDENCE a. STATE MO	(Where deceased lived. If in b. COUNTY	estitution: residence before
/	b. CITY (If outside corporate limite, or TOWN Maryvill.		c. CITY (If outside corporate limit OR TOWN 2007)	ts. write RUBAL and give tow	(mahip)
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOME		d. STREET (If rurs	l, give location)	/
	3. NAME OF 8. (First)	b. (Middle)	c. (Last)	- 4. DATE (Month)	(Day) - (Year)
· · · ]	(Type or Print) Oliver	Perry	110	OF March	1
NS	5. SEX 6. COLOR OR F		Morgan I 8. DATE OF BIRTH	9. AGE (In years) of those	R I YEAR   IF UNDER 21 RRS.
PERMANENT	Male White	WIDOWED, DIVORCED (Specify) Widow	8 = 28 = 1857	last hirthday) Months	
<b>X</b>	10a. USUAL OCCUPATION (Give kind of	work 10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
EH	done during most of working life, even if re	Farm DUSTRY	DeKalb Co Mo.		COUNTRY?
<u>a</u>	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN		WE OF HUSBAND OR WI	l U.S.
◀	Hiram Morgan	Burr		,	•
<b>₩</b>	15. WAS DECEASED EVER IN U.S. ARI	MED FORCES?   16. SOCIAL SECURITY	17. INFORMANT'S SIGN	ATURE OR NAME	ADDRESS
MAKE	(Yes, no, or unknown) (If yes, give war or	dates of service) NO.	Loren 7	margan	Mary 1:01
1 1	CAUSE OF DEATH MEDICAL CERTIFICATION INTERVA				INTERVAL BETWEEN ONSET AND DEATH
INK	DIDECTI V	OR CONDITION LEADING TO DEATH*(a)	I humantati	- Sminner	ONSET AND DEATH
	This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b)				7
S,					3 who
BLA	as heart failure, asthenia, Tise to the above carine (a) thathing				
- 11	etc. It means the dis-	DUE TO (c)	alterio	Pelini	
S		IGNIFICANT CONDITIONS		1/:/	100
UNKADING	Conditions of related to the	ontributing to the death but not disease or condition causing death.	بعد	mety	332 X
\F.	19a. DATE OF OPERA-	FINDINGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·		20. AUTOPSY7
N I	TION				YES NO
-USING	21a. ACCIDENT (Bpediy) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSH	IP) (COUNTY)	(STATE)
	21d. TIME (Month) (Day) (Yes OF INJURY	HOUR) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?		
r.	22. I hereby certify that I attended the deceased from 3-14, 1957, to, 19, that I last saw the deceased on 3-16, and that death occurred at 2:45 Am., from the causes and on the date stated above.				st sam the deceased
PLAINLY	23. SIGNATURE	(Degree or title)	23b. ADDRESS		23c. DATE SIGNED
<u>်</u>	UHD. Baum	m sk	mary vi	lla mi	3-17-50
WRITE	24a. BURIAL. CREMA- 24b. DATE TION, REMOVAL (Specify) 3-19	1	-	ATION (City, town, or cou	nty) (State)
> 1		R'S SIGNATURE 1 999		SI GNATURE A	DORESS A A
[]	3-18-586 /B.	so that the	John Brans	Mon	an il le M
F		(Licensed Embalmer's S	internent on Reverse Side)		100



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embelmer No.

working under my personal supervision.

Signed.

Licensed Embalmer No...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.